

MO HealthNet Missouri's Medicaid Program

MO HealthNet provides health care access to low income individuals that are elderly, disabled, members of families with dependent children, low-income children, uninsured children, pregnant women, refugees, or children in state custody. Adults in ME (Medical Eligibility) categories that pertain to the blind or pregnant women receive a full comprehensive benefit package including primary, acute and preventive care, hospital care, dental, prescriptions, and vision. Adults other than the blind and pregnant women receive a limited benefit package of services depending on their ME category. Services are received through a fee-for-service or managed care delivery system. Providers can determine whether members are covered by Managed Care or FFS by calling the Interactive Voice System (IVR) at 573-635-8908 and using option "1" or through the internet at www.emomed.com.

The **MO HealthNet Fee-For-Service (FFS)** program serves participants not enrolled in MO HealthNet Managed Care, and provides some services not included in MO HealthNet Managed Care. All of Missouri's MO HealthNet providers are automatically enrolled as approved providers eligible to treat MO HealthNet FFS participants. Participants may freely choose which approved provider they go to for care under the FFS delivery system.

MO HealthNet Managed Care serves MO HealthNet Managed Care members in 54 counties of Missouri (see the chart below). MO HealthNet Managed Care members may be seen by any MO HealthNet FFS provider until the member is effective in a MO HealthNet Managed Care health plan. MO HealthNet Managed Care members must select a MO HealthNet Managed Care health plan and a primary care provider (PCP) within the Managed Care health plan. Managed Care providers may refer the member to other providers based on care needed.

The ME codes for adults included in the MO HealthNet program are as follows:

Full Comprehensive Package

ME Code	Description
02	Blind Pension
03	Aid to the Blind
12	MO HealthNet - Aid to the Blind
15	Supplemental Nursing Care - Aid to the Blind
18	MO HealthNet for Pregnant Women
43	Pregnant Woman - 60 Day Assistance(MHN criteria)
44	Pregnant Woman - 60 Day Assistance - Poverty
45	Pregnant Woman - Poverty
61	MO HealthNet for Pregnant Women - Health Initiative Fund (HIF)

Limited Benefit Package

ME Code	Description
01	Old Age Assistance
04	Permanently and Totally Disabled
05	MO HealthNet for Families – Adult
10	Refugees other than Cuban, Haitian, or Russian Jew
11	MO HealthNet Old Age Assistance

Limited Benefit Package Continued

ME Code	Description
13	MO HealthNet - Permanently and Totally Disabled
14	Supplemental Nursing Care – Old Age Assistance
16	Supplemental Nursing Care – Permanently and Totally Disabled
19	Cuban Refugee
21	Haitian Refugee
24	Russian Jew
26	Ethiopian Refugee
55	Qualified Medicare Beneficiary (QMB)
58	Presumptive Eligibility (Subsidized)
59	Presumptive Eligibility (Non-Subsidized)
80	Extended Women's Health Services
81	Temporary Assignment Category
82	Missouri Rx (MoRx) – (Medicare Part D wrap –around benefits)
83	Breast or Cervical Cancer Control Project (BCCCP) - Presumptive
84	Breast or Cervical Cancer Control Project (BCCCP) - Regular
85	Ticket to Work Health Assurance –Premium
86	Ticket to Work Health Assurance – Non-Premium

MO HealthNet for Kids

MO HealthNet for Kids refers to the statewide program for low-income children, uninsured children through SCHIP, and children in the custody of the state. Children receive a full comprehensive package including primary, acute and preventive care, hospital care, dental, prescriptions, and vision and receive their care through *either* the Fee-for-Service (FFS) or the Managed Care delivery system, depending on where the individual lives in Missouri (see chart below).

The ME codes included in the MO HealthNet for Kids program are listed below.

Full Comprehensive Package

ME Code	Description
06	MO HealthNet for Families - Child
07	Foster Care- Title IV-E
08	Child Welfare Services-Foster Care
23	MO HealthNet for Kids in Vendor Institution
28	Department of Mental Health – Foster Care
29	Division of Youth Services-Foster Care
30	Juvenile Courts - Foster Care
33	MO Children with Developmental Disabilities (DMH Match)
34	MO Children with Developmental Disabilities (DSS Match)
36	Adoption Subsidy - Federal Financial Participation
37	Title XIX - Homeless, Dependent, Neglected
38	Independent Foster Care Children ages 18-21
40	MO HealthNet for Kids – Poverty
41	MO HealthNet for Kids in Vendor Institution – Poverty
49	Department of Mental Health-Poverty
50	Division of Youth Services-Poverty
52	Division of Youth Services-General Revenue
56	Adoption Subsidy – Title IV-E

NUMBER OF COUNTIES	
Central Region	28
Eastern Region	13
Western Region	13

NUMBER OF HEALTH PLANS	
Central Region	3
Eastern Region	3
Western Region	4



Full Comprehensive Package Continued

ME Code	Description
57	Child Welfare Services - Foster Care - Adoption Subsidy
60	Newborn
62	MO HealthNet for Kids- Health Initiative Fund (HIF)
64	Group Home - Health Initiative Fund (State Placement)
65	Group Home - Health Initiative Fund (Parent/Guardian Placement)
66	Foster Care HDN- HIF
67	Dept of Mental Health Foster Care -HIF
68	Division of Youth Services Foster Care - HIF
69	Juvenile Courts - HIF
70	Juvenile Courts - Poverty
71	MO HealthNet for Kids - 134-150% Poverty, Age 1-5
72	MO HealthNet for Kids - 101-150% Poverty, Age 6-18
87	Presumptive Eligibility Children
88	Voluntary Placement Agreement (FFS Only)

PREMIUM GROUP

Health insurance for uninsured children funded through the State Children's Health Insurance Program (SCHIP) include children who must be under age 19, have a family income above 150% and below 300% poverty, have been uninsured for 6 months or more, and have no access to affordable health insurance from \$66 to \$165 per month, based on family size and income.

These children receive the full comprehensive package *except they are not eligible for non-emergency medical transportation*

Effective July 1, 2008 premiums per family per month range from a minimum of \$12 to a maximum based on family size and income. (See Premium Chart) These amounts may change in April of each year. Individuals will receive a monthly invoice. Those who have questions about premiums should call the Premium Collections Unit at 1-877-888-2811.

ME Code	Description
73	Children ages 1 thru 18; family income 151-185%
74	Children ages 0 thru 18; family income 186 -225%
75	Children ages 0 thru 18; family income 226 -300%

MO HealthNet For Kids By Age and Income

% of Federal Poverty Level (FPL)	Premium Group (\$98 - \$300)*		
	Premium Group (\$40 - \$122)*		
	Premium Group (\$12 - \$37)*		
	Non Premium Group		
	0 Years Old	1 thru 5 Years Old	6 thru 18 Years Old

*Premiums for family sizes 1 to 7 - Premium information for family sizes 7+ is available upon request.

HELP LINE PHONE NUMBERS

All of these programs are administered by the Department of Social Services, MO HealthNet Division. If you have questions regarding any of these programs, you may contact one of the following:

- Providers wishing to enroll as MO HealthNet providers can obtain an application at www.dss.mo.gov/mhd or email **Provider Enrollment** at providerenrollment@dss.mo.gov.
- Providers with MO HealthNet inquiries should:
 - Call the **IVR Line** at 573-635-8908 (Includes; Participant Eligibility, Check Amount Information, Claim Information.), or
 - Contact **Provider Relations** at 573-751-2896 to speak with a phone specialist, or
 - Consult on-line help via www.emomed.com or
 - Check the provider manuals at www.dss.mo.gov/mhd.
- Individuals with inquiries or questions about co-payments should call **Participant Services** at 573-751-6527 or 1-800-392-2161.
- Individuals wishing to enroll in or change MO HealthNet Managed Care health

MO HEALTHNET SCHIP PREMIUM CHART EFFECTIVE July 1, 2008 – March 31, 2009			
Family Size	% FPL 7/2007	Monthly Income	Premium Amount
1	>150	\$ 1300.01 to \$ 1,604.00	\$12
1	>185	\$ 1604.01 to \$ 1,950.00	\$40
1	>225	\$ 1,950.01 to \$ 2,600.00	\$98
2	>150	\$ 1,750.01 to \$ 2,159.00	\$16
2	>185	\$ 2,159.01 to \$ 2,625.00	\$53
2	>225	\$ 2,625.01 to \$ 3,500.00	\$131
3	>150	\$ 2,200.01 to \$ 2,714.00	\$21
3	>185	\$2,714.01 to \$ 3,300.00	\$68
3	>225	\$ 3,330.01 to \$ 4,400.00	\$165
4	>150	\$ 2,650.01 to \$ 3,269.00	\$25
4	>185	\$ 3,269.01 to \$ 3,975.00	\$81
4	>225	\$ 3,975.01 to \$ 5,300.00	\$199
5	>150	\$ 3,100.01 to \$ 3,824.00	\$29
5	>185	\$ 3,824.01 to \$ 4,650.00	\$95
5	>225	\$ 4,650.01 to \$ 6,200.00	\$233
6	>150	\$ 3,550.01 to \$ 4,379.00	\$33
6	>185	\$ 4,379.01 to \$ 5,325.00	\$109
6	>225	\$ 5,325.01 to \$ 7,100.00	\$266
7	>150	\$4,000.01 to \$4,934.00	\$37
7	>185	\$4,934.01 to \$6,000.00	\$122
7	>225	\$6,000.01 to \$8,000.00	\$300
Premium information for family sizes of 7+ is available upon request.			

plans should call the **MO HealthNet Managed Care Enrollment Help Line** at 1-800-348-6627

- Individuals who have questions about premiums should call the **Premium Collections Unit** at 1-877-888-2811
- Individuals with general eligibility questions or wishing to apply for MO HealthNet should contact the Family Support Division office located in their county of residence, which can be found at www.dss.mo.gov/fsd/office.
- Individuals wishing to apply for MO HealthNet for Kids should call the **MO HealthNet Service Center Line** at 1-888-275-5908 or visit www.dss.mo.gov/mhk/appl.htm
- Individuals wanting information about the **Health Insurance Premium Payment (HIPP) Program** should call 573-751-2005. MHD will pay the insurance premium if a participant qualifies.
- Providers, MO HealthNet Fee-For-Service and MO HealthNet participants with questions about Non-Emergency Medical Transportation (NEMT) may call the **NEMT Reservation Line** at 1-866-269-5927.
- Individuals enrolled in an MO HealthNet Health Plan must contact the health plan for information regarding NEMT.
- To refer a participant to the **Chronic Care Improvement Program (CCIP)**, learn more about the program, or schedule a visit from a CCIP Representative, please call toll free 1-866-464-7147 or visit www.moccip.com
- Providers needing assistance with pharmacy claims and program edits may call 800-392-8030. This line cannot assist participants. Check www.dss.mo.gov/mhd/pages/frequpdat.htm and www.dss.mo.gov/mhd/pages/clinedit.htm for frequently updated Pharmacy Program information.

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